



Native Kidney Biopsy

A native kidney biopsy is being done because you have a kidney disease, but the exact type of disease is not known. There is no other way than a kidney biopsy to know for sure what type of kidney disease you have. The biopsy may also give your doctor some idea about the outcome of the disease and whether the disease may reoccur. Most times, the biopsy results help doctors plan your treatment.

How to Prepare for Your Kidney Biopsy

The night before the biopsy do not eat or drink after midnight except for water to take your medicines. In the morning before the biopsy, take your usual medicines with a sip of water. If you take blood thinners you should receive instructions about stopping your medicine before the biopsy. Blood thinning medicines are aspirin, Coumadin (warfarin), Persantine (dipyridamole), Plavix, Ticlid, Pletal, Agrylin, Lovenox, Fragmin, Innohep, Orgaran, Argatroban, Refludan, Iprivask, Angiomax, ximelagatran, Remodulin, Aggrastat, Integrillin, Reopro, Arixtra, and Trental. If you have questions about your medicines or if you have not received the instructions mentioned above, please make sure you ask your doctor.

When you arrive at the hospital go to 4-South. Once there you will have blood and urine tests. If you had blood and urine tests done in the clinic within the past 2 days, they will not be done again. An IV (intravenous line) is placed to help give medicines and fluids. You will then be taken to the 2nd floor to have an ultrasound exam.

You will sign a consent form for the biopsy. When you sign the consent form you are stating that you have learned about the risks of the procedure. The risks are linked with the biopsy as well as with the medicines used to help you relax.

Risks Greater than 1% Include:

- Blood in the urine (10%).
- Loss of blood from the blood vessels causing the need for a blood transfusion (1%).
- The formation of a fistula (connection of an artery and a vein) inside the kidney that may lead to bleeding or an increase in blood pressure (fistula formation 15%, problems due to fistula, less than 1%).
- A short-term increase or decrease in blood pressure.

Risks Less than 1% Include:

- Blockage of urine flow by a blood clot.
- The need to unblock the urine with a stent (plastic tube) placed in the ureter (connection between the kidney and bladder).
- Squeezing of the kidney due to a blood clot around the kidney, causing a decrease in kidney function and an increase in blood pressure.
- The need to plug a hole in the kidney that is bleeding by using a catheter inserted into the groin and up to the kidney and then instilling a coil (plug).
- Loss of kidney function or kidney failure caused by injury to vessels or the formation of a connection of an artery and vein.
- Loss of the kidney (surgery to remove the kidney).
- Infection in the skin, muscles, or kidney.
- Puncture of another abdominal organ.
- Injury of nerves on the tissues between the skin and the kidney causing pain or loss of sensation.
- Nausea and/or vomiting.
- Leaking of urine around the kidney.
- Death.

Risks of the Relaxing and Pain Medications Include:

- A decrease in blood pressure.
- A decrease in respiration (breathing) such that you may need a tube placed to help you breathe.

- A decrease in thinking ability.
- An allergic reaction.
- Death.

Other risks not mentioned above may include complications that are similar to, or combinations of those mentioned above.

A nurse will help get you ready for the biopsy, give you medications to help you to relax and to avoid pain. The nurse will also help the sonographer position you for the biopsy. Most times you will be on your stomach with a pillow placed under your stomach. Your arms will be placed so that you are comfortable and so the nurse can give you medications. You will also have a heart, blood pressure, and oxygen monitor placed and you will be given oxygen via a nasal canula (a two-pronged tube that fits into both nostrils). The heart monitor involves putting sticky patches on your chest and arms. The blood pressure cuff is placed on the arm and the oxygen monitor on your finger.

Then the sonographer will locate the kidney for the nephrologist (kidney doctor). The nephrologist will clean off your back with betadine or hibeclens. Tell your doctor if you are allergic to iodine. Sterile paper drapes are placed near the place where the biopsy will be taken. The nephrologist will numb your skin with lidocaine.

Tell your nephrologist if you are allergic to novocaine or other numbing medicines.

The nephrologist will numb your skin and tissues all the way down to the outside of your kidney. The kidney is not numbed because medication cannot be put into the kidney. The medication the nurse gives you will keep you comfortable.

A cut is made in your skin and the needle of the biopsy “gun” is advanced down to the kidney. You may hear the nephrologist and the sonographer talking as the needle is advanced. When the needle is close to the kidney the nephrologist will ask you to take a big breath and hold it so that your kidney does not move and then the biopsy will be taken. You may hear a loud click during the biopsy, and once in a great while people may feel a dull ache or nausea. To obtain enough tissue for the pathologist to identify your kidney disease, several passes (up to five) with the biopsy needle may be needed.

After the biopsy, your blood pressure is taken, the area of the biopsy is covered with a gauze bandage, and you are turned over onto your back. You will stay in ultrasound for about 10 to 15

Questions?

Call 206-598-6700

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

Transplant Services:
206-598-6700

4-South:
206-598-4670
(where you stay before and after the biopsy)

Paging
206-598-6190
(to reach your doctor)

minutes under the care of a nurse who will monitor your vital signs. You will then return to 4-South. You will need to stay in bed for at least 6 to 8 hours sitting up at no more than a 45-degree angle, using the bedpan and/or urinal as needed. You may get up with help from a nurse after this time if we tell you that it is safe to do so. Your urine will be monitored for bleeding. Pain medication will be given, if needed. You will be able to eat after the biopsy if your vital signs are stable and you are not in pain. If you have pain, difficulty voiding, nausea, or are uncomfortable in any other way, please call your nurse right away. You will stay overnight and be discharged in the morning by your nephrologist if you are stable.

Getting Results

The preliminary results from your biopsy are available within 48 hours during the week and late on Monday if the biopsy is done on Friday. Complete results take at least 5 days due to the type of testing performed. If special tests are needed or if some findings suggest further evaluation, then more time may be needed to receive the final results. Your nephrologist may call you with preliminary results, but often will ask that you come in to discuss the complete results and the care plan that you will need.

Parking in the Triangle Parking Garage

The Triangle Parking Garage is located on N.E. Pacific Place, across the street from UW Medical Center. From Montlake Blvd., turn left onto N.E. Pacific Street and right onto N.E. Pacific Place. There is direct access to the third floor (main entrance) via a pedestrian tunnel. The Triangle Garage has 500 parking stalls with 67 disability-parking stalls and 9 wheelchair-accessible parking stalls. Medical center parking staff is on duty Monday through Friday 6 a.m. to 12 a.m. and on Saturday from 7 a.m. to 4 p.m. Garage parking is free on Sundays. The Triangle Garage has a height restriction of 6 feet, 8 inches. Over-sized parking is available in the S-1 lot behind the hospital and in the Husky Stadium parking lot.

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine

Transplant Services

Box 356174
1959 N.E. Pacific St. Seattle, WA 98195
206-598-6700